

PUBLIC NOTICE

June 28, 2016

DEPARTMENT OF HEALTH ALCOHOL AND DRUG ABUSE DIVISION

REQUEST FOR INFORMATION (RFI) RFI No. HTH440-TRB-18

Pursuant to Hawaii Revised Statutes §103 F-106 and Hawaii Administrative Rules §3-142-202, the Department of Health's (hereinafter "DOH") Alcohol and Drug Abuse Division (hereinafter "ADAD") is seeking written comments regarding a planned Request for Proposal ("RFP") to provide a continuum of Adult and Adolescent Substance Abuse Treatment Services. The purpose of this RFI is to evaluate the feasibility of several key elements being considered as ADAD develops its scope of services and to provide interested parties the opportunity to provide feedback.

The planned RFP will be open to qualified applicants to provide substance abuse and related services in both inpatient and outpatient modalities including, but not limited to: Residential Treatment, Medication Assisted Treatment, Intensive Outpatient Treatment, Outpatient Treatment, and Integrated Case Management for persons with substance use related disorders.

STIPULATIONS RELATED TO THIS RFI

1. Participation in this RFI is optional, and is not required to respond to any subsequent procurement action the purchasing agency may take.
2. Neither the purchasing agency nor the interested party responding has any obligation under this request for information.
3. DOH/ADAD will not reimburse any respondent for the cost of preparing and submitting a response to this RFI.
4. The DOH/ADAD reserves the right to incorporate information from an RFI response in a subsequent solicitation, in any way that the ADAD deems most appropriate for meeting the overall goals and objectives of the DOH/ADAD.
5. In responding to this RFI, please include any documentation or basis for your position and responses.
6. No part of this RFI should be interpreted as a final indicator of future RFP content.

RESPONSE SUBMISSION

RFI response submissions must include name, organization (if applicable), and contact information of person/organization submitting the response.

Responses to this RFI are due in writing via email by July 15, 2016, 4:00 p.m., Hawaii Standard Time (HST) to wendy.nihoa@doh.hawaii.gov Please indicate “RFI No. HTH440-TRB-18 in the Subject line.

REASON FOR THE RFI

The DOH/ADAD is issuing this RFI to seek information and comments in preparation of a RFP to provide a continuum of adolescent and adult treatment services on all islands.

BACKGROUND:

The ADAD provides leadership for the development and delivery of quality substance abuse prevention, intervention and treatment services for the residents of Hawaii. ADAD’s goal is to prevent or reduce the severity and disabling effects related to alcohol and other drug use, abuse and dependence by assuring an effective, accessible public and private community-based system of prevention strategies and **treatment services** designed to empower individuals and communities to make health-enhancing choices regarding the use of alcohol and other drugs.

DESCRIPTION OF AVAILABLE RESOURCES:

ADAD anticipates availability of funds to procure community-based substance abuse treatment services to address priority issues in areas of high need across the State. The sources of funds anticipated for substance abuse treatment services are general funds, and Substance Abuse Block Grant (SABG) from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA).

INFORMATION REQUESTED:

ADAD is seeking feedback and information related to the elements identified below and perspectives relating to the impact of the substance abuse continuum of care in Hawaii.

1. Applicant Proposed Rates.

In consideration of service rates related to potential service scopes under the planned RFP, ADAD would like feedback on the following:

- a. The impact of the Affordable Care Act on reimbursement by 3rd party payers including Medicaid for substance use related treatment services continues to evolve and expand. What impact if any, would a negotiated rate for services under the planned scope of service continuum have in areas such as quality of care, service capacity and the overall continuum of care for substance abuse treatment?
- b. If ADAD purchased services through a negotiated rate that considers various factors such as the provider’s ability to bill third party payers, Medicaid fee schedules, standard labor classification and wage rates, etc., what additional factors would respondent like ADAD to consider?
- c. What type of documentation would respondents feel comfortable submitting to ADAD in order to help substantiate how the respondent determined proposed rates? For example, would an external audit be a feasible way to support

proposed/negotiated rates? If not, what other means of documentation should ADAD consider?

- d. Currently, ADAD utilizes both unit rate and cost reimbursement contracts. ADAD seeks comments and feedback (particularly from providers who currently have cost reimbursement contracts) as to whether it would be feasible to replace cost reimbursement contracts with negotiated rate contracts.

2. **Contract Cycle Start Date.**

In its planned RFP, ADAD is considering changing the contract year from July 1st - June 30th to October 1st - September 30th in order to better align state and federal funding cycles. Please provide any comments or feedback as to whether this change would impact the substance abuse continuum of care.

3. **Timeframes for Invoice Submission and Corrections.**

Currently, ADAD allows monthly invoice submission and corrections “within thirty (30) calendar days after the last day of each calendar month”. In order to better meet federal reporting deadlines, ADAD is considering changing the submission and correction deadline to “within thirty (30) calendar days after the last day of each calendar month for the first ten (10) months of the contract year, thereafter, within ten (10) days after the last day of each calendar month”. Please provide any comments or feedback as to whether this change might impact the substance abuse continuum of care.

4. **Medication-Assisted Treatment (MAT).**

ADAD is considering adding MAT as an additional rate, which would be supplemental to contracted rates within the adult continuum of services. For example, a methadone clinic that provides outpatient counseling would be able to charge a MAT rate concurrent with the negotiated OP rate. Please provide any comments or feedback as to whether this change might impact the substance abuse continuum of care.

5. **Cultural Services.**

ADAD supports and encourages the inclusion of cultural services as an integral component of its continuum of care. However, ADAD has the responsibility to ensure that the scopes of services funded are evidence-based practices. We understand that culturally based interventions can sometimes be difficult to support with empirical evidence. ADAD seeks to develop a framework within which it can justify and support culturally based interventions that may not have a pre-existing evidence base but which are promising methods for addressing substance use disorders. Please provide input on points ADAD should consider as it develops this framework for evaluating the efficacy of promising cultural interventions.

6. **Case Management.**

ADAD is considering expanding and enhancing case management and care coordination components of the substance abuse treatment continuum. Please provide input that addresses the following question:

How is case management for substance abuse clients differentiated from community-based case management?